

NCBD News

Seventh National CAHPS® User Group Meeting

Over 125 people attended the seventh national CAHPS meeting held in Las Vegas in early March. Plenary sessions included an update on CAHPS activities from AHRQ, updates on the use of CAHPS and NCBD data in research and policy, how CAHPS relates to accreditation requirements and an update from HCFA on Medicare CAHPS activities. Breakout sessions were divided into development and design, implementation, and reporting tracks to facilitate exchange among CAHPS users. Detailed information about the meeting including agendas and copies of presentation materials for all of the sessions are available at <http://www.cahps-sun.org>. Thanks to all who participated for making the meeting a great success!

NCBD Phase IV Update

Survey sponsors intending to participate in Phase IV (2001) of the NCBD should have received a packet containing key project documents. If you have not received your packet, please visit the NCBD Web site (<http://ncbd.cahps.org/>) to download the information, or call the CAHPS Helpline at 1-800-492-9261.

- *Document Submission*

Sponsors should submit their *Sponsor Project Profile Form* and the *Sponsor Participation Agreement* as soon as possible. Also, we would greatly appreciate early submission of your survey instrument(s) and the health plan product characteristics form(s).

- *Survey Conformance Guidelines*

Sponsors should also be aware of the new *Survey Conformance Guidelines* which caution against altering the question numbers, wording of the core questions or omitting the items related to age, education and rating of overall health. Changes to these key items may result in an inability to calculate composite results or test for statistically significant differences from the NCBD average.

- *Data Submission Deadlines*

Sponsors should note the following data submission and report distribution deadlines for Phase IV:

Commercial Sponsors:

- Deadline for Submitting Data Files: August 1, 2001
- Target Date for Distribution of Benchmark Reports: October 31, 2001

Medicaid Sponsors:

- Deadline for Submitting Data Files: September 1, 2001
- Target Date for Distribution of Benchmark Reports: November 30, 2001

Specifications for data submission are posted on the NCBD Web site (<http://ncbd.cahps.org/>).

Phase III Research Files Now Available



We are pleased to announce that Phase III research files have been standardized across populations and are now available. Interested parties should submit an electronic request for the data following the procedures detailed under "More Information about NCBD" on the NCBD Web site at <http://ncbd.cahps.org>. All requests for access to NCBD data files are reviewed and acted on by the NCBD Executive Research Committee.

Annual Report Available in Summer 2001

We will release the first *NCBD Annual Report* this summer. The report will present key findings from CAHPS survey responses collected in 1999 and 2000 and submitted to the NCBD by participating survey sponsors. The focus of the first NCBD Annual Report will be on differences and similarities in CAHPS survey results across the three major population sectors represented in the NCBD: commercial, Medicaid, and Medicare. The report will also include detailed benchmark tables of survey scores for individual question items and composites for all three sectors. The report will be widely distributed and available on the NCBD Web site.

A collaborative initiative sponsored by the Agency for Healthcare Research and Quality (AHRQ) and administered by Westat in partnership with the Quality Measurement Advisory Service and The Picker Institute.

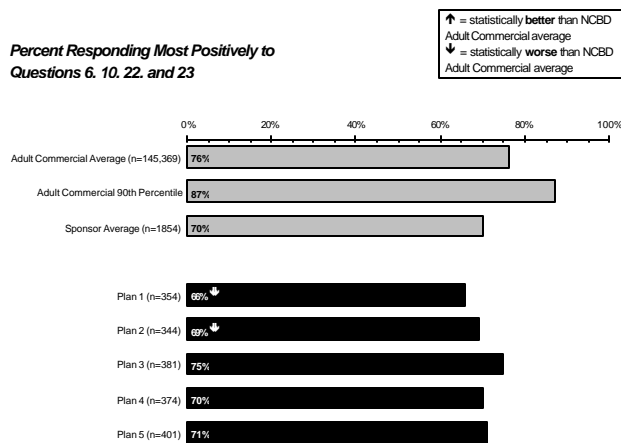
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Sponsor Feedback on Benchmark Reports

For Phase III, we made several changes to the Benchmark Reports. Please see below for an example of the graphs provided in that report:

Getting Needed Care

This chart summarizes the most positive responses to survey questions 6, 10, 22 and 23 contained in the composite "Getting Needed Care." Individual question-level responses immediately follow.



We recently solicited feedback from sponsors on report changes and uses of NCBD data. In January, we e-mailed a survey that requested feedback on report changes, how sponsors used NCBD data, challenges they faced in using the data and suggestions for future report changes. Additionally, we held a discussion session for NCBD users at the annual CAHPS meeting to allow sponsors to exchange information on challenges they faced in using the data.

From both activities, we learned the following:

- *Sponsors liked the report changes.*
- *Sponsors prefer the data by plan type and geographic region.*
- *There is a need to reconcile NCBD and NCQA reporting conventions.*
Sponsors reported difficulty interpreting reporting differences between NCQA and NCBD and would appreciate conformity across the datasets.

- *Sponsors prefer reports in an electronic format*
Sponsors suggested providing the graphics in an electronic format. At the same time, the NCBD Advisory Group approved a staff proposal to provide the Phase IV reports in a pdf format through the NCBD Web site. Therefore, rather than receiving printed reports in binders, sponsors will receive a password that will allow them to access their own reports via the Web site.

Thanks to all who provided feedback. We encourage sponsors to send us comments and suggestions for improvement at any time.

Research Highlights: Field Test Results for Group-Level CAHPS

At the annual CAHPS meeting, Loel Solomon of Harvard and Ron Hays of RAND presented the results of a field test of the Group-Level CAHPS instrument (G-CAHPS). The objectives of the study were to evaluate patients' ability to report on medical groups, to develop a questionnaire that is consistent with plan-level CAHPS that assesses medical group practices, to assess the feasibility of survey administration, to evaluate the instrument validity and reliability and ultimately to improve the instrument for broad use.

Between July and September of 2000, the researchers tested the instrument in 5 sites across the country including California, Denver, Knoxville, St. Louis and eastern Massachusetts. The study areas and medical groups were chosen to represent a range of market characteristics. They administered the survey via mail only in all sites except California where respondents were randomly assigned to mail or phone administration.

The results of the national field test demonstrated the feasibility of administering a medical group level survey that is consistent with plan-level CAHPS. While the researchers recommended some revisions to the instrument, they found sufficient reliability and validity to recommend the instrument for broader use. (Readers should note that the G-CAHPS instrument has not yet been formally adopted as part of the CAHPS family of surveys.) The researchers

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also identified the following global ratings and composites for potential public reporting:

Global Ratings

- Rating of personal doctor or nurse
- Rating of specialists
- Rating of all care from the medical group
- Rating of overall experience with the medical group

Composites

- Doctor/patient communication
- Getting needed care
- Getting care quickly
- Coordination of care
- Preventive counseling
- Office staff behavior

Copies of the presentation materials are available on the SUN Web site at <http://www.cahps-sun.org>.

Sponsor Spotlight: Presenting CAHPS and Clinical Data to Consumers

In this issue, we depart from our usual focus on sponsor implementation issues to highlight recent findings from a study of consumer attitudes about health care quality and what drives their selection of providers. At the CAHPS meeting, Diane Ebersberger of VHA presented findings from consumer research completed in the fall of 2000.

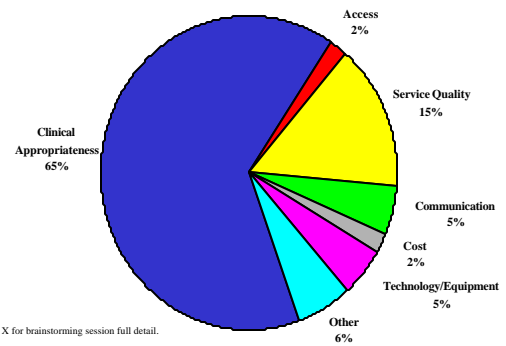
VHA designed the study to estimate consumer interest in clinical quality information for decision-making about provider choice, determine the impact on consumer expectation and demands, test perceptions about the role of hospitals in assuring clinical quality and identify potential actions for health care organizations to differentiate themselves based on clinical quality.

Information from over 500 consumers who had recent experience with the health care system revealed the following:

1. Consumers' definition of quality includes clinical performance as an important driver of provider choice.

Clinical Quality Is Central to Consumers' Definition of Health Care Quality

- Brainstorming Session -



*Refer to Appendix X for brainstorming session full detail.
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The concepts of evidence-based medicine and the use of process measures for comparing clinical performance were understood and embraced by consumers.

2. Evidence-based process measures in the hands of consumers may drive clinical improvement at the level of the doctor-patient relationship.

3. Consumers believe that doctors are responsible for quality.

Ebersberger concluded by recommending the following CAHPS-related activities:

- ⇒ Link clinical and CAHPS experiential information to provide consumers with a multi-dimensional assessment of quality
- ⇒ Continue development of provider level information.

A copy of the presentation materials is available on the SUN Web site at <http://www.cahps-sun.org>.

NCBD Web Site

Remember to visit our web site at <http://ncbd.cahps.org> for general information and updates.